

**MENASHA HEALTH DEPARTMENT - RESTAURANT / RETAIL FOOD SERVICE INSPECTION REPORT**

Business Name <b>Nicolet Elementary</b>		Business Address 449 Ahnaip St		County <b>Winnebago</b>	ID # <b>30-71040</b>
Legal Licensee Chartwells School Dining		Mailing Address (Licensee) Charlotte NC		Telephone # (920 ) -	
Date of inspection 10/19/11	Bare Hand Contact Plan in Place <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Type of Establishment <input checked="" type="checkbox"/> Restaurant <input type="checkbox"/> Retail		Is operator Certified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> pending <input type="checkbox"/> N/A	
<b>Inspection Type</b> <input type="checkbox"/> pre-inspection <input checked="" type="checkbox"/> routine inspection <input type="checkbox"/> Re-inspection <input type="checkbox"/> Complaint <input type="checkbox"/> Downtime <input type="checkbox"/> Non inspection visit		<b>Action Taken</b> <input checked="" type="checkbox"/> Operational <input type="checkbox"/> Conditional Permit 30 days <input type="checkbox"/> Withhold Permit <input type="checkbox"/> License suspended <input type="checkbox"/> License revoked <input type="checkbox"/> Other			
<b>Person in Charge</b> <b>Sue Malesa - all food employees certified</b>		<b>CFM # and expiration</b> <b>CFM #</b> <b>expiration date</b>			

FOODBORNE ILLNESS RISK FACTORS	
Circle designated compliance status for each item <b>IN</b> -in compliance <b>OUT</b> – out of compliance <b>N/O</b> – not observed <b>N/A</b> – not applicable	Mark an <b>X</b> in appropriate box for <b>COS</b> and/or <b>R</b> <b>COS</b> – corrected on site during inspection <b>R</b> - repeat violation

COMPLIANCE STATUS			COS	R
<b>DEMONSTRATION OF KNOWLEDGE</b>				
1A	IN	Certified food manager, duties	<input type="checkbox"/>	<input type="checkbox"/>
1B	IN	Person in charge, ID knowledgeable, duties and responsibilities	<input type="checkbox"/>	<input type="checkbox"/>
<b>EMPLOYEE HEALTH</b>				
2	IN	Management awareness, policy present	<input type="checkbox"/>	<input type="checkbox"/>
3	IN	Proper use of reporting, restriction and exclusion	<input type="checkbox"/>	<input type="checkbox"/>
<b>GOOD HYGENIC PRATICES</b>				
4	IN	Proper eating, tasting, drinking	<input type="checkbox"/>	<input type="checkbox"/>
5	IN	No discharge from eyes, nose and mouth	<input type="checkbox"/>	<input type="checkbox"/>
<b>PREVENTING CONTAMINATION FROM HANDS</b>				
6	IN	Hands cleaned and properly washed	<input type="checkbox"/>	<input type="checkbox"/>
7	IN	No bare hand contact or using approved plan	<input type="checkbox"/>	<input type="checkbox"/>
8	OUT	Adequate hand washing facilities supplied and accessible	<input type="checkbox"/>	<input type="checkbox"/>
<b>APPROVED SOURCE</b>				
9	IN	Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>
10	IN	Food received at proper temperature	<input type="checkbox"/>	<input type="checkbox"/>
11	IN	Food in good condition, safe, unadulterated	<input type="checkbox"/>	<input type="checkbox"/>
12	NA	Records available, shell stock tags, parasite destruction	<input type="checkbox"/>	<input type="checkbox"/>
<b>PROTECTION FROM CONTAMINATION</b>				
13	NA	Food separated and protected	<input type="checkbox"/>	<input type="checkbox"/>
14	IN	Food contact surfaces cleaned and sanitized	<input type="checkbox"/>	<input type="checkbox"/>
15	IN	Proper disposition of returned, previously served, reconditioned & unsafe food	<input type="checkbox"/>	<input type="checkbox"/>

  

COMPLIANCE STATUS			COS	R
<b>POTENTIALLY HAZARDOUS FOOD TEMPERATURE</b>				
16	NA	Proper cooking time and temperature	<input type="checkbox"/>	<input type="checkbox"/>
17	NO	Proper re-heating procedures for hot holding	<input type="checkbox"/>	<input type="checkbox"/>
18	NO	Proper cooling time and temperature	<input type="checkbox"/>	<input type="checkbox"/>
19	IN	Proper hot holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>
20	IN	Proper cold holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>
21	IN	Proper date marking and disposition	<input type="checkbox"/>	<input type="checkbox"/>
22	NO	Time as a public health control; procedures and record	<input type="checkbox"/>	<input type="checkbox"/>
<b>CONSUMER ADVISORY</b>				
23	NA	Consumer advisory supplied	<input type="checkbox"/>	<input type="checkbox"/>
<b>HIGHLY SUSEPTABLE POPULATIONS</b>				
24	NA	Pasteurized foods used; prohibited foods not offered	<input type="checkbox"/>	<input type="checkbox"/>
<b>CHEMICAL</b>				
25	NA	Food additives approved and properly use	<input type="checkbox"/>	<input type="checkbox"/>
26	IN	Toxic substances properly identified, stored, used	<input type="checkbox"/>	<input type="checkbox"/>
<b>CONFORMANCE WITH APPROVED PROCEDURES</b>				
27	NA	Compliance with variance, specialized process, HACCP plan	<input type="checkbox"/>	<input type="checkbox"/>

  

**Risk Factors:** are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

Risk factor violations should be corrected on site during the inspection unless there is some reason that correction cannot be immediately made.

GOOD RETAIL PRACTICES									
Good retail practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into food. Mark an X in box if item is not in compliance. Mark an X in appropriate box for COS/R. <b>COS</b> – corrected on site during inspection <b>R</b> - repeat violation									
<b>SAFE FOOD AND WATER</b>			<b>COS</b>	<b>R</b>	<b>PROPER USE OF UTENSILS</b>				
28	NA	Pasteurized eggs used where required	<input type="checkbox"/>	<input type="checkbox"/>	41	IN	In use utensils properly stored	<input type="checkbox"/>	<input type="checkbox"/>
29	IN	Water and ice from approved source	<input type="checkbox"/>	<input type="checkbox"/>	42	IN	Utensils equipment and linen properly stored and used	<input type="checkbox"/>	<input type="checkbox"/>
30	NA	Variance obtained for specialized processing methods	<input type="checkbox"/>	<input type="checkbox"/>	43	IN	Single-use and Single service articles properly stored and used	<input type="checkbox"/>	<input type="checkbox"/>
<b>FOOD TEMPERATURE CONTROL</b>					44	IN	Gloves properly used	<input type="checkbox"/>	<input type="checkbox"/>
31	IN	Proper cooling methods used; adequate equip. for temperature control.	<input type="checkbox"/>	<input type="checkbox"/>	<b>UTENSILS AND EQUIPMENT</b>				
32	NO	Plant food properly cooked for hot holding	<input type="checkbox"/>	<input type="checkbox"/>	45	IN	Food and nonfood contact surfaces; cleanable, properly designed, constructed and used	<input type="checkbox"/>	<input type="checkbox"/>
33	NO	Approved thawing methods used.	<input type="checkbox"/>	<input type="checkbox"/>	46	IN	Warewash facilities; installed, maintained, and used	<input type="checkbox"/>	<input type="checkbox"/>
34	IN	Thermometers provided and accurate	<input type="checkbox"/>	<input type="checkbox"/>	47	IN	Non-food contact surfaces clean	<input type="checkbox"/>	<input type="checkbox"/>
<b>FOOD PROTECTION</b>					<b>PHYSICAL FACILITIES</b>				
35	IN	Food properly labeled original container	<input type="checkbox"/>	<input type="checkbox"/>	48	IN	Hot and cold water available, under pressure	<input type="checkbox"/>	<input type="checkbox"/>
36	IN	Pests and animals not present, no unauthorized persons	<input type="checkbox"/>	<input type="checkbox"/>	49	IN	Plumbing installed; proper backflow devices	<input type="checkbox"/>	<input type="checkbox"/>
37	IN	Contamination prevented during food preparation storage and display	<input type="checkbox"/>	<input type="checkbox"/>	50	IN	Sewage and wastewater properly disposed	<input type="checkbox"/>	<input type="checkbox"/>
38	IN	Personal cleanliness, jewelry	<input type="checkbox"/>	<input type="checkbox"/>	51	IN	Toilet facilities, properly constructed, supplied and clean	<input type="checkbox"/>	<input type="checkbox"/>
39	IN	Wiping cloths; properly used and stored	<input type="checkbox"/>	<input type="checkbox"/>	52	IN	Garbage and refuse, properly disposed facilities and maintained	<input type="checkbox"/>	<input type="checkbox"/>
40	NO	Plant food cooking for hot hold Washing all fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	53	IN	Physical facilities installed maintained and clean	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	54	IN	Adequate ventilation and lighting, designed and used.	<input type="checkbox"/>	<input type="checkbox"/>

Menu Review: Review Conducted ☒ yes ☐ no - New menu items ☐ Yes ☒ No New items All foods precooked delivered hot >135F

New processes: Does new process require variance ☐yes ☐ no  
What interim step was taken pending variance

Concerns / Corrections Suggested:

Addition to Consumer Advisory ☐ yes ☐ no New menu item which requires consumer advisory

TEMPERATURES – Refrigeration/hot hold/cook					
Item / Location	Temp	Item / Location	Temp	Item / Location	Temp
upright refrigerator	39°F	hot hold	174°F	milk cooler	41°F
--	°F	--	°F	--	°F
Cook --	°F	Cook --	°F	Cook --	°F
WAREWASHING INFORMATION					
Machine Name	Sanitization Method	Thermo Label confirmed	PPM/ temp	Approved Sanitizer Name	Sanitizer Type
	manual sanitize	<input type="checkbox"/> yes <input type="checkbox"/> No	200ppm / 80 °F rinse	Oasis 146 Multi QUAT	QUAT

#### CDC Risk Code Factor Abbreviations and Violation by Category Numbers Table

(Use this table to group CDC risk factor listed below with violation from page 1)

Unsafe Sources (US)	Inadequate Cooking (IC)	Improper Hold (IH)	Cross Contamination (CC)	Personal Hygiene (PH)	Other CDC Factors (O)
9	16	18	13	3	1A
10	17	19	14	4	1B
11		20	15	5	2
12		21		6	23
		22		7	24
				8	25
					26

For each violation cited, use above table and record CDC Risk Code Factor abbreviation (such as “US” or “IH”), violation number, list from the Wisconsin Food Code (WFC) the reference number that refers to the area in violation.

**Record CDC risk code abbreviation, violation # from 1<sup>st</sup> page, violation description, Food Code reference, corrective action, and score.**

CDC Code	Violation number	Description of violation, WFC Reference Number including code reference text / Corrective Action Required – Note date(s) of repeat violations on previous inspections.	Compliance Date/ Corrected on site (COS)
PH	8	<p>School kitchen is equipped with 2 sinks using a third accessory bin for sanitizer. Dish sinks were noted filled during inspection. While dish sinks are filled there is no sink available for hand wash.</p> <p><b>WISCONSIN FOOD CODE REFERENCE</b>  5-205.11 Using a Handsink.</p> <p>(A) A handsink shall be maintained so that it is accessible at all times for FOOD EMPLOYEES use.</p> <p>(B) A handsink may not be used for purposes other than handwashing except as specified in 2-301.15.</p> <p><b>CORRECTIVE ACTION</b>  During periods of food handling a hand wash sink must be available for use. Without a separate hand sink, ware wash sinks if filled must be used and drained. A handsink must be available during periods of food prep, processing or service or at other times as cited in the code section below:</p> <p>2-301.14 When to Wash.C</p> <p><b>FOOD EMPLOYEES shall clean their hands and exposed portions of their</b></p>	--

		<p>arms as specified under § 2-301.12 immediately before engaging in FOOD PREPARATION including working with exposed FOOD, clean EQUIPMENT and UTENSILS, and unwrapped SINGLE-SERVICE and SINGLE-USE ARTICLES and:</p> <p>(A) After touching bare human body parts other than clean hands and clean, exposed portions of arms;</p> <p>(B) After using the toilet room;</p> <p>(C) After caring for or handling SERVICE ANIMALS or aquatic animals as specified in ¶ 2-403.11(B);</p> <p>(D) Except as specified in ¶ 2-401.11(B), after coughing, sneezing, using a handkerchief or disposable tissue, using tobacco, eating, or drinking;</p> <p>(E) After handling soiled EQUIPMENT or UTENSILS;</p> <p>(F) During FOOD PREPARATION, as often as necessary to remove soil and contamination and to prevent cross contamination when changing tasks;</p> <p>(G) When switching between working with raw FOOD and working with READY-TO-EAT FOOD; and</p> <p>(H) Before putting on gloves for working with FOOD; and</p> <p>(I) After engaging in other activities that contaminate the hands.</p>	
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Use this section for Good Retail Practice (GRP) Violations

Violation #	Description of violation, WFC Reference Number / Corrective Action Required	Compliance Date/ Corrected during inspection
	<p><b>WISCONSIN FOOD CODE REFERENCE</b></p> <p><b>CORRECTIVE ACTION</b></p>	

#### Long term controls in place

#### HACCP School Food Service HACCP

**Critical Violations which require greater than one re-inspection and/or repeated CDC Risk Factors violation(s) which are cited on 3 consecutive inspections shall result in the issuance of a re-inspection fee. Re-inspection fees are set based on the complexity of the establishment as follows:**

- **Complex restaurants** \$250.00
- **Moderate restaurants** \$200.00
- **Simple restaurants** \$150.00
- **Retail >1 M** \$300.00
- **Retail 25K-1M** \$250.00
- **Retail remaining** \$200.00

**Violations must be corrected by the compliance date, unless some arrangement has been made with Menasha Health Department. Re-inspection fees will be assessed to all CDC Risk Factor violations requiring more than (1) re-inspection or if the same CDC Risk Factor violation is cited on 3 consecutive inspections. Re-inspection fees**

**will be billed to the owner of the establishment. Failure to pay re-inspection fee shall result in the following potential legal actions:**

- **Temporary revocation of license**
- **License will not be renewed pending payment**
- **Enforcement conference with licensee or licensee representative which would require signed compliance agreement.**

**Operators who wish to challenge the assessment of a re-inspection fee shall submit in writing circumstances and reason that they feel the re-inspection fee should not have been assessed. This statement must be submitted to the Public Health Director. The issue will then be addressed by the City of Menasha Board of Health. Any violations and /or enforcement shall be complied with pending appeal.**

**Inspection Narrative and information on non-violation observations and/or suggestions:**

**I understand and agree to comply with the corrections ordered in this report. I understand the failure to comply could result in legal action including loss of license.**

<b>PIC signature or authorized employee</b>	<b>Date</b>	<b>Sanitarian Signature Todd Drew, R.S.</b>	<b>Date</b>

**Food Safety Fact Sheets Attached:**

<input type="checkbox"/> Employee Health	<input type="checkbox"/> Employee Reporting Agreement	<input type="checkbox"/> Personal Hygiene	<input type="checkbox"/> Bare hand contact
<input type="checkbox"/> Responsibilities of the PIC	<input type="checkbox"/> Disposable glove use	<input type="checkbox"/> Cross – Contamination	<input type="checkbox"/> Demonstration of Knowledge
<input type="checkbox"/> Cooling Procedures	<input type="checkbox"/> Thawing Procedures	<input type="checkbox"/> Active Managerial Control	<input type="checkbox"/> Certified Food Manager
<input type="checkbox"/> Consumer Advisory	<input type="checkbox"/> HACCP	<input type="checkbox"/> HACCP Hazard Analysis	<input type="checkbox"/> Serving Safe Food
<input type="checkbox"/> Pre-Inspection	<input type="checkbox"/> Time as a Health Control	<input type="checkbox"/> Allergens	<input type="checkbox"/> Thermometer Calibration
<input type="checkbox"/> Catering	<input type="checkbox"/> Cooking Temperatures	<input type="checkbox"/> Microwave Cooking	<input type="checkbox"/> Interpreting the Inspection Report
<input type="checkbox"/> Variance / HACCP	<input type="checkbox"/> Frozen Foods	<input type="checkbox"/> Receiving	<input type="checkbox"/> Chemical / Physical Contamination
<input type="checkbox"/> Common Foodborne Illnesses	<input type="checkbox"/> Outdoor Events	<input type="checkbox"/> Serving Safe Food	<input type="checkbox"/> Effective Sanitizing
<input type="checkbox"/> Organizing Coolers	<input type="checkbox"/> Date Marking		